STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295020	A. BUILDING _____ B. WING _____	09/01/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERRYMAN REHABILITATION CENTER	2045 SILVERADA BLVD. RENO, NV 89512

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the annual Medicare re-certification survey conducted at your facility on August 28 to Sept 1,2006. The census at the time of the survey was 70. The sample size was 15 including 2 closed records. There were 4 complaints investigated during the survey. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. CPT # NV00012494 was a confidential complaint regarding resident rights, quality of care, physical environment and dietary services. Specific concerns were substantiated and deficiencies were cited related to the concerns expressed. (F246, F364) Complaint #NV00012279 was a self-reported incident of an injury of unknown injury. The incident did occur with no regulatory deficiencies cited. CPT # NV00012523 was a confidential complaint regarding residents rights, physical environment, medication administration and staffing concerns. The complaint was substantiated. Deficiencies were cited. (F257, F258, F333, F364.) CPT # NV00012530 was a confidential complaint regarding misappropriation of property. This complaint was substantiated. Deficiencies were cited. (F224, F226)	F 000	**This Plan of Correction (POC) is being submitted pursuant to the applicable Federal and State Regulations. Nothing contained herein shall be construed as an admission that the Facility violated any Federal or State Regulations or failed to follow any applicable Standards of Care.** Reponses in our Plan of Correction are cross-referenced to the appropriate deficiency. Please refer to the attached pages following each deficiency in this Plan of Correction. RECEIVED SEP 27 2006 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Admin	9/22/06

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 333	Continued From page 25 his meal times also changed. She stated that the medication administration record time had not been changed to reflect the meal time change.	F 333		
F 364 SS=B	483.35(d)(1)-(2) FOOD Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on record review and observation, it was determined that the facility did not ensure that food temperatures were maintained for room trays. Findings include: A review of the resident council minutes revealed that several residents had complained about cold food on room trays over the last several months. On 8/28/06 a test tray was loaded on the room tray cart for A wing. The cart was picked up by the nursing staff within 5 minutes of being loaded. This surveyor followed the cart to the floor and observed three trays being served, then measured the temperatures of the test tray. The following temperatures were obtained: Baked chicken breast--- 90 degrees fahrenheit mashed potatoes---------120 degrees fahrenheit milk----------42 degrees fahrenheit fruitcup----------50 degrees fahrenheit juice----------45 degrees fahrenheit	F 364		

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F 364 483.35(d)(1)-(2) FOOD

This REQUIREMENT is not met as evidenced by: Based on record review and observation, it was determined that the facility did not ensure that food temperatures were maintained for room trays.

What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.

All Residents, who are served food outside of the main dining area, could be affected by improper food temperatures. In checking the procedure for preparing trays, it was found that the plate warmer was not properly functioning and the plates were not heated to the proper temperature at the point they were being loaded onto the tray cart. The plate warmers are now being repaired and adjusted to ensure that the plates are at a proper temperature to maintain food temperatures when being served outside of the dining area. In addition, Nursing Staff will be prepared to pick up the tray cart immediately and reduce waiting time that had been resulting in food temperature loss.

In order to monitor the quality of food, the Administrator will ensure that sample trays are served to Staff at random, who will first check food temperatures and prepare a written report to the Administrator on the quality (temperature) of the food. These findings will be transmitted to the Food Service Manager for use in making appropriate modifications to meet Quality Standards for Food served to Residents. The Dietary Manager will periodically, randomly check food temperatures being served to Residents from the tray cart to ensure proper food temperatures are being maintained.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.

All Residents, who are served food outside of the main dining area, have the potential to be affected by improper food temperatures. The plate warmers are now being repaired and adjusted to ensure that the plates are at a proper temperature to maintain food temperatures when being served outside of the dining area. In addition, the Nursing Staff will be prepared to pick up the tray cart immediately and reduce waiting time that had been resulting in food temperature loss.

In order to monitor the quality of food, the Administrator will ensure that sample trays are served to Staff at random, who will first check food temperatures and prepare a written report to the Administrator on the quality (temperature) of the food. These findings will be transmitted to the Food Service Manager for use in making appropriate modifications to meet Quality Standards for Food served to Residents. The Dietary Manager will periodically, randomly check food temperatures being served to Residents from the tray cart to ensure proper food temperatures are being maintained.

What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur.

The plate warmers are now being repaired and adjusted to ensure that the plates are at a proper temperature to maintain food temperatures when being served outside of the dining area. In addition, the Nursing Staff will be prepared to pick up the tray cart immediately and reduce waiting time that had been resulting in food temperature loss.

In order to monitor the quality of food, the Administrator will ensure that sample trays are served to Staff at random, who will first check food temperatures and prepare a written report to the Administrator on their quality (temperature) of the food. These findings will be transmitted to the Food Service Manager for use in making appropriate modifications to meet Quality Standards for Food served to Residents. The Dietary Manager will periodically, randomly check food temperatures being served to Residents from the tray cart to ensure proper food temperatures are being maintained.

How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program(s) will be put into place to monitor the continued effectiveness of the systemic change.

In order to monitor the quality of food, the Administrator will ensure that sample trays are served to Staff at random, who will first check food temperatures and prepare a written report to the Administrator on the quality (temperature) of the food. These findings will be transmitted to the Food Service Manager for use in making appropriate modifications to meet Quality Standards for Food served to Residents. The Dietary Manager will periodically, randomly check food temperatures being served to Residents from the tray cart to ensure proper food temperatures are being maintained.

The plate warmers are now being repaired and adjusted to ensure that the plates are at a proper temperature to maintain food temperatures when being served outside of the dining area. In addition, the Nursing Staff will be prepared to pick up the tray cart immediately and reduce waiting time that had been resulting in food temperature loss.

Identify anticipated date of correction; Dates when corrective action will be completed.

Date of completion: October 6, 2006

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295020	A. BUILDING _____ B. WING _____	09/01/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERRYMAN REHABILITATION CENTER	2045 SILVERADA BLVD. RENO, NV 89512

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F 364	Continued From page 26 The group interview conducted on 8/29/06 at 10:30 AM revealed that several residents indicated that room trays were sometimes cold, and that the dining room trays were at the proper temperature. On 8/30/06, at 12:15 PM, a pureed test tray was tested on Hallway A after the last tray was served. This surveyor and a staff member were able to make out ground meat and mashed potatoes but we were unable to make out the third item on the dish. After looking at the menu it was determined that the third item was a vegetable mix. A taste test of the tray was conducted. The ground meat had good flavor. The mashed potatoes tasted like potatoes but were dry. The vegetable mix was dry and had no flavor.	F 364		
F 411 SS=D	483.55(a) DENTAL SERVICES - SNF The facility must assist residents in obtaining routine and 24-hour emergency dental care. A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced	F 411		

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F 241	Continued From page 8 full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on interview, it was determined that the facility failed to knock on doors before entering resident rooms. Findings include: Resident #2: The resident was admitted to the facility on 10/23/05 with diagnoses including below the knee amputation, urosepsis, hand fracture, peripheral vascular disease, renal failure, and diabetis. An interview with the resident on 8/30/06 at 1:15 PM revealed that routinely staff enter his room without knocking or announcing themselves. The resident indicated that it was a frequent occurance.	F 241		9/25/06
F 246 SS=D	483.15(e)(1) ACCOMODATION OF NEEDS A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Resident #7: The resident was admitted to the facility on 8/4/05, with diagnoses including cerebrovascular accident with hemiplegia, diabetes, peripheral vascular disease,below the knee amputation, decubitus ulcer, bipolar	F 246		

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F 246	Continued From page 9 disorder, osteomyelitis and hypertension. The resident was blind, non ambulatory and dependent for care. The resident was alert and was able to state when she needed assistance. On 8/28/06, the following observations were made: 9:45 AM - The resident's call light was found on the floor and out of the resident's reach. 10:45 AM - The resident's call light was found on the floor and out of the resident's reach. 11:15 AM- The resident's call light was found on the floor and out of the resident's reach. 11:30 AM- The resident's call light was found on the floor and out of the resident's reach. 12 Noon - The resident's call light was found on the floor and out of the resident's reach. 12:20 PM- The resident's call light was found on the floor and out of the resident's reach. At 1:15 PM on 8/28/06, the unit charge nurse was informed that the call light was found on the floor. The call light was placed on the resident's bed within her reach. Based on observation, resident and staff interview, it was determined that the facility failed to provide services to meet the individual needs of 3 of 15 residents, (Resident #1, #6, and #7) to provide access to the call light for 1 of 15 residents (Resident #7), to address the incontinent needs of 1 of 15 residents, (Resident #6) and to address the residents needs by answering call lights promptly. (Resident #1 and	F 246		

246
10/13/06

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F 246	Continued From page 10 #6) Finding include: Resident #1: The resident was admitted on 5/26/06. The resident's diagnoses included bilateral below the knee amputations, diabetes, gout, hypothyroidism, congestive heart failure, and hypertension. The resident was alert and oriented. The resident stated there was no physical therapy schedule. He stated that he would go to the physical therapy room through out the day until there was an opening for him to have therapy. On 8/28/06, at 10:20 AM, a physical therapist stated there was no set physical therapy schedule. She stated that each therapist initiates times with each resident and tries to work around the residents' schedules. On 8/30/06, at 8:15 AM, the physical therapist aide stated there was no set schedule. He visited each resident on his list to see if the morning or afternoon worked better and would fit them in. Without a physical therapy schedule it would be difficult to premedicate patients that required pain medication prior to therapy at an appropriate time, to work around the residents' schedules, and for residents to plan their day. Resident #6: The resident was admitted on 4/24/06. The resident's diagnoses included dementia, chronic obstructive pulmonary disease, urinary incontinence, coronary artery disease, and history of a left femur fracture. The resident and his wife were interviewed on 8/29/06, at 2:15 PM. The resident and his wife were alert and oriented and were able to answer questions appropriately.	F 246		

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F 246 483.15(e)(1) ACCOMMODATION OF NEEDS

This REQUIREMENT is not met as evidenced by: Resident #7: Based on observation, resident and staff interview, it was determined that the facility failed to provide services to provide access to the call light for 1 of 15 residents (Resident #7).

What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.

For those Residents, Resident #7, found to have been affected by the facility's failure to provide services to provide access to the call light, Resident #7 will have the Call Light attached to the side rail on her bed and within reach.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.

All Residents at Berryman Rehabilitation Center have the potential to be affected by the facility's failure to provide services to provide access to the call light. All Residents unable to ambulate per self will have the Call Light attached to the side rail of their bed and within reach.

What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur.

The Administrative Nursing Staff at Berryman Rehabilitation Center will In-service all Nursing Staff, including new hires, on the *Resident's right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences*. The In-service Training shall include notice of Call Light location.

How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program(s) will be put into place to monitor the continued effectiveness of the systemic change.

The Director of Nursing Services or the Assistant Director of Nursing will ensure that all Nursing Staff check Call Light location(s) during action rounds. In-service Training of all Nursing Staff, including new hires, on the *Resident's right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences* shall be performed quarterly or as needed.

Identify anticipated date of correction; Dates when corrective action will be completed.

Date of completion: September 25, 2006

F 246 483.15(e)(1) ACCOMMODATION OF NEEDS

This REQUIREMENT is not met as evidenced by: Resident #6: Based on observation, resident and staff interview, it was determined that the facility failed to address the (resident's) incontinent needs of 1 of 15 residents (Resident #6).

What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.

For those Residents, (Resident #6), found to have been affected by the facility's failure to address the Resident's incontinent needs, the Director of Nursing Services has In-serviced all Nursing Staff on the importance of addressing Residents' incontinent needs according to facility Policy (attached). The In-service training and education included handing copies of this Policy and Procedure to all Nursing Staff members at Berryman Rehabilitation Center. This Resident is being checked on a routine basis by Nursing Staff for incontinent needs.

For Skilled Therapies (Resident #1), Resident #1 is no longer receiving Skilled Therapy Services.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.

All Residents have the potential to be affected by the facility's failure to address the Resident's incontinent needs, and the Director of Nursing Services has In-serviced all Nursing Staff on the importance of addressing Residents' incontinent needs according to facility Policy (attached).

For Skilled Therapies, all Residents admitted to the Rehab Services Nursing Station will be listed by room number on a magnetic scheduling board and will receive a Skilled Therapy Services Schedule on a daily basis.

The Rehab Services Department will provide a daily, hard copy Schedule of all Skilled Therapy Services to each Resident in the facility. The daily schedule will delineate Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services offered each day.

The facility will implement the use of magnetic scheduling boards for all Residents on the Rehab Services Nursing Station, which will indicate Skilled Therapy Schedules for those Residents.

What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur.

The Director and/or Assistant Director of Nursing Services will focus their attention on more required checks for those Residents requiring incontinent care needs; and, the In-

service training and education for all Nursing Staff, including new hires, will concentrate on Incontinent Resident Care.

For Skilled Therapies, the addition/installation of a magnetic scheduling board for all Residents admitted to the Rehab Services Nursing Station and a listing of those Residents who will be receiving daily Skilled Therapy Service interventions will be utilized.

The initiation of a hard copy Schedule of the daily Skilled Therapy Services offered for each Resident on the Rehab Services Nursing Station and a listing of those Residents who will be receiving Skilled Therapy Service interventions will be utilized.

How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program(s) will be put into place to monitor the continued effectiveness of the systemic change.

The Director and/or Assistant Director of Nursing Services, while on Action rounds, will ensure that all Nursing Staff appropriately assess Residents for incontinent care needs. In-service Training for all Nursing Staff, including new hires, will focus on *Residents' Right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences.* In-service Training will also focus on Resident Dignity. The Director of Nursing Services shall monitor, on a quarterly basis or as needed, Nursing Staff for assessment and checks of Residents' incontinent care needs.

For Skilled Therapies, the Therapy Staff and the Director of Rehab Services will routinely review, for completeness and accuracy, Skilled Therapy Schedules for Residents. Residents can provide input regarding the process of scheduling Therapies at the regular meeting of the Residents' Council.

Identify anticipated date of correction; Dates when corrective action will be completed.

Date of completion: (Nursing) September 25, 2006

For Skilled Therapies:by October 2, 2006 a hard copy of a Resident's daily therapy schedule will be in place for all Residents receiving Skilled Therapy interventions.

By October 13, 2006, the magnetic scheduling board will be installed and in use on the Rehab Services Nursing Unit for visibility by facility Staff and Residents on that Unit.

Berryman Rehabilitation Center
Policies and Procedures
Department of Nursing

Title: BOWEL AND BLADDER

Number of Pages: Five (5)

Date Implemented: August 16, 2006 **Revision Date:**

Approved by: **Cynthia Broz, R.N.**
Title: **Director of Nursing Services**

Approved by: **Thomas Morton**
Title: **Administrator**

POLICY:

All patients will be given the opportunity to obtain or maintain their highest practical ability with regards to toileting and continence.

Our goals are to:

1. Enable the patient to control bowel/bladder elimination on a regular basis.
2. Reduce the episodes of patient incontinence.
3. Prevent patient skin breakdown, pressure ulcers and skin irritation.
4. Avoid patient constipation.

PROCEDURE:

Once B&B candidates are identified, they will begin a training program. All progress will be included in nurse's notes, and will continue until the patient is discharged from the B&B program.

IDENTIFICATION:

All new admits will be analyzed during a 7-day pattern assessment.

A. To calculate Bowel Incontinence:

Divide Number of Incontinent Bowel Episodes

BY

Continent Bowel and Dry Checks

B. To calculate Bladder Incontinence

Divide Number of Urine Episodes

BY

Continent Voids and Dry Checks

If a patient is at 0-50%, he/she is considered a good candidate for B&B training. Any percentage over 51% is not considered for the program.

2. **IMPLEMENTATION**:

Once a patient has been identified for the B&B program, a nurse will determine the elimination schedule based on the Patient's pattern.

Progress will be tracked in the patient care plan, and will address the success/lack of success with the program. Patients will be a part of the decision process. Progress will be evaluated on a regular basis. The program will continue for patients experiencing success until discharged from the program.

Training Techniques include any or all of the following:

A. **Scheduled Toileting** – involves placing the patient on a toilet or bedpan at fixed intervals regardless of whether or not they indicate a need to go. The patient plays a passive role in scheduled training.

B. **Habit Training** – establishes an individual pattern of elimination based on patient's habits.

C. **Prompted Voiding** – involves regularly contacting the patient to provide the opportunity to toilet but only when the patient gives an affirmative response to the prompt void. Effort is made to encourage the patient, increasing his/her responsibility and control by only toileting upon an affirmative response.

3. **DISCHARGE OF PATIENT FROM THE PROGRAM**:

Patients will be discharged from the B&B program for any of the following reasons:

A. If they are continent and can demonstrate the ability to toilet themselves without assistance.

B. If they have made no improvement due to their medical diagnosis or cognitive status.

C. If they refuse to participate in the program.

INCONTINENT RESIDENT CARE:

Purpose:

1) To ensure adequate skin care
2) To control odor and prevent skin damage
3) To provide care in a manner that preserves Resident Dignity and Comfort

Equipment:

1) Linen (as needed)
2) Towels
3) Washcloth
4) Soap and Soap dish
5) Lotion
6) Wash Basin
7) Bed Pam
8) Toilet Tissue
9) Exam Gloves

Procedure:

Pull the cubicle curtains around the Resident and close the door.

Wash Hands.

Assemble equipment at Resident's bedside and explain the procedure to Resident.

Fanfold the clean blanket and bedspread at the foot of the bed, and apply gloves.

Remove soiled clothing and place it on the chair seat with the soiled side turned inward.

Assist Resident to turn with back toward Nurse, expose buttock area.

Remove fecal material from Resident's buttock area using toilet tissue.

Wash Hands.

Loosen the bottom bed linen and fanfold it toward Resident's back.

Wash, rinse, and dry the buttocks area.

Apply lotion around any reddened area. DO NOT rub directly on reddened area.

Wash Hands.

Place clean fitted linen on mattress, and assist Resident to turn over, toward Nurse.

Walk to other side of bed, lower bed rail, expose Resident's buttocks area, wash, rinse, and dry exposed area.

Apply lotion to reddened area.

Remove any soiled linen from bed and place on chair seat with soiled side turned inward.

Wash Hands.

Complete making bottom linen of bed and position Resident comfortable on fresh linen.

Replace Resident's gown, pajamas, or other clothing, as indicated.

Change top sheet.

Replace blanket and bedspread, if necessary.

Leave Resident comfortable and dry, with call light within reach. Raise bed rails.

Leave unit clean and tidy.

Wash Hands.

Chart size and consistence of stool in appropriate area on Flow Sheet.

Chart any unusual observations or Resident reactions, noting date, time, then sign your signature on the narrative Nurses' Notes.

Make necessary notation on the B.M. Sheet.

Make appropriate notation in the Incontinent Care section of the Flow Sheet.

F 246 483.15(e)(1) ACCOMMODATION OF NEEDS

This REQUIREMENT is not met as evidenced by: Resident #1: Based on observation, resident and staff interview, it was determined that the facility failed to address the resident's needs by (not) answering call lights promptly (Resident #1 and Resident #6).

What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.

For those Residents found to have been affected by the facility's failure to address the needs of Resident #1 and Resident #6 by not answering call lights promptly, the Director of Nursing Services has instituted a refresher In-service Training and Education for all Nursing Staff on the importance of the *Resident's right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences.* In-service Training shall be performed quarterly or as needed.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.

All Residents at Berryman Rehabilitation Center have the potential to be affected by the facility's failure to address the needs of Resident #1 and Resident #6 by not answering call lights promptly. The Director of Nursing Services has instituted a refresher In-service Training and Education for all Nursing Staff on the importance of the *Resident's right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences.* In-service Training shall be performed quarterly or as needed.

What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur.

The Administrative Nursing Staff at Berryman Rehabilitation Center will In-service all Nursing Staff, including new hires, on the *Resident's right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences.* The In-service Training will include and focus on Call Light Response.

How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program(s) will be put into place to monitor the continued effectiveness of the systemic change.

The Director of Nursing Services and/or the Assistant Director of Nursing will ensure that all Nursing Staff respond to Call Lights promptly, when monitoring All Light Response on action rounds. In-service Training for all Nursing Staff, including new hires, on the *Resident's right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences* shall be performed quarterly or as needed.

Identify anticipated date of correction; Dates when corrective action will be completed.

Date of completion: September 26, 2006